

APPLICATION FOR CONDITIONAL USE PERMIT
Parking & Driveway Separation
CITY PLANNING BOARD
Concord, NH

General Information

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Owner's Name: _____

Mailing Address/ Street Number: _____

City & State: _____ *Telephone:* () _____

Agent's Name (if applicable): _____

Mailing Address/ Street Number: _____

City & State: _____ *Tel.* () _____ *Fax:* () _____

Type of Conditional Use Permit Requested:

- ☐ Off-site Parking – Article 28-7-11(a)
- ☐ Construction of Fewer Parking Spaces – Article 28-7-11(b)
- ☐ Shared Parking Arrangements– Article 28-7-11(c)
- ☐ Additional Compact Spaces – Article 28-7-11(d)
- ☐ Alternative Surfacing – Article 28-7-11(e)
- ☐ Driveway Separation Alternatives – Article 28-7-11(f)

For the property being developed, complete the following:

Street Address: _____

Abutting Streets: _____

Gross Floor Area: *Existing* _____ *Proposed* _____

Assessor's Map/Block/Lot(s): ____/____/____ ____/____/____ ____/____/____

Project Area: _____ *acres (or)* _____ *square feet*

Briefly Describe the Proposed Use(s) of the Property and the Conditional Use Requested
(Please attach supporting justification for the requested Conditional Use Permit):

Indicate the name, profession and telephone number of each individual in the preparation of components of the application.

		Phone #
Name: _____	Profession: _____	() _____
Name: _____	Profession: _____	() _____
Name: _____	Profession: _____	() _____

Special Approvals Required:

	YES	NO	
US Army Corps of Engineers Dredge & Fill Permit	<input type="checkbox"/>	<input type="checkbox"/>	Date Applied: _____
NH Wetland Board (wetland alteration)	<input type="checkbox"/>	<input type="checkbox"/>	Date Applied: _____
NH Dept. of Environmental Services Alteration of Terrain Permit	<input type="checkbox"/>	<input type="checkbox"/>	Date Applied: _____
NH Dept. of Transportation Driveway Permit	<input type="checkbox"/>	<input type="checkbox"/>	Date Applied: _____

Application Fee:

Please contact the Planning Department to obtain the latest application fee schedule.
An application fee is submitted herewith in the amount of \$ _____.

Endorsement:

I hereby request that the City of Concord Planning Board review this application for a Conditional Use Permit, including all plans, documents and information herewith. I represent to the best of my knowledge and belief, this application is being submitted in accordance with the City of Concord Zoning Ordinance and Site Plan Review Regulations of the City Planning Board of the City of Concord, NH.

_____	_____	_____	_____
Signature of Property Owner	Date	Signature of Agent (if any)	Date